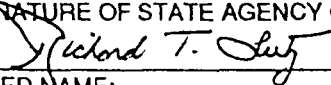



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>9 8 — 1 6</u>	2. STATE: FLORIDA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 1998	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902 & 1924 of the Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>1998</u> \$ <u>None</u> b. FFY <u>1999</u> \$ <u>None</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, pages 4, 4a, 4b, 4c, 5, 5a, and 26a Supplement <sup>15</sup> <del>12</del> to Attachment 2.6-A, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, pages 4, 4a, 5	
10. SUBJECT OF AMENDMENT:  Post Eligibility			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Richard T. Lutz, Director Div. of State Health Purchasing Agency for Health Care Administration Post Office Box 12600 Tallahassee, Florida 32317-2600 Attention: Wendy Johnston	
13. TYPED NAME: Richard T. Lutz			
14. TITLE: Director			
15. DATE SUBMITTED: <u>12/11/98</u>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <u>OCTOBER 19, 1998</u>		18. DATE APPROVED: <u>NOVEMBER 10, 1998</u>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>OCTOBER 1, 1998</u>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Eugene A. Glassey		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: Pen and Ink change authorized by State Agency to change Supplement 12 to Supplement 15. No original HCFA-179 available (file had to be reproduced).			

Revision: HCFA-PM-97-2  
December 1997

ATTACHMENT 2.6-A  
Page 4  
OMB No.:0938-0673

State: FLORIDA

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Citation	Condition or Requirement
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B. Posteligibility Treatment of Institutionalized  
Individuals' Incomes

1. The following items are not considered in the  
posteligibility process:

1902(o) of  
the Act

a. SSI and SSP benefits paid under §1611(e)(1)(E)  
and (G) of the Act to individuals who receive care  
in a hospital, nursing home, SNF, or ICF.

Bondi v  
Sullivan (SSI)

b. Austrian Reparation Payments (pension (reparation)  
payments made under §500 - 506 of the Austrian  
General Social Insurance Act). Applies only if  
State follows SSI program rules with respect to  
the payments.

1902(r)(1) of  
the Act

c. German Reparations Payments (reparation payments  
made by the Federal Republic of Germany).

105/206 of  
P. L. 100-383

d. Japanese and Aleutian Restitution Payments.

1. (a) of  
P.L. 103-286

e. Netherlands Reparation Payments based on Nazi, but  
not Japanese, persecution (during World War II).

10405 of  
P.L. 101-239

f. Payments from the Agent Orange Settlement Fund  
or any other fund established pursuant to the  
settlement in the In re Agent Orange product  
liability litigation, M.D.L. No. 381 (E.D.N.Y.)

6(h)(2) of  
P.L. 101-426

g. Radiation Exposure Compensation.

12005 of  
P. L. 103-66

h. VA pensions limited to \$90 per month under  
38 U.S.C. 5503.

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TN No. 98-16  
Supersedes

Approval Date FEB 16 2001

Effective Date 10/1/98

TN No. 95-03

Revised Submission 1/30/2001

Revision: HCFA-PM-97-2  
December 1997

ATTACHMENT 2.6-A  
Page 4a  
OMB No.:0938-0673

State: FLORIDA

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>35</u> Couples \$ <u>70</u></p> <p>For the following persons with greater need:</p> <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>35</u> Adults \$ <u>35</u></p> <p>For the following persons with greater need:</p> <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u>. \$ <u>35</u></p>

TN No. 98-16  
Supersedes

Approval Date FEB 16 2001

Effective Date 10/1/98

TN No. 91-39

Revised Submission 1/30/2001

State: FLORIDA

Citation	Condition or Requirement
	For the following persons with greater need:  Supplement <u>15</u> to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
1924 of the Act	<p>3. In addition to the amounts under item 2. , the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p><u>  X  </u> The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p><u>      </u> The poverty level component is calculated using a percentage greater than the applicable percentage, equal to <u>      </u>%, of the official poverty level (still subject to maximum maintenance needs standard).</p> <p><u>      </u> The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p>Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.</p>

TN No. 98-16

Supersedes

Approval Date FEB 16 2001

Effective Date 10/1/98

TN No. NEW

Revised Submission 1/30/2001

Revision: HCFA-PM-97-2  
December 1997

ATTACHMENT 2.6-A  
Page 4c  
OMB No.:0938-0673

State: FLORIDA

Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><input checked="" type="checkbox"/> the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or</p> <p><input type="checkbox"/> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>b. The monthly income allowance for other dependent family members living with the community spouse is:</p> <p><input checked="" type="checkbox"/> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B) ) exceeds the dependent family member's monthly income.</p> <p><input type="checkbox"/> a greater amount calculated as follows:</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p> <p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>

TN No. 98-16

Supersedes

Approval Date FEB 16 2001

Effective Date 10/1/98

TN No. NEW

Revised Submission 1/30/2001

State: FLORIDA

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none"><li>o AFDC level; or</li><li>o Medically needy level:</li></ul> <p>(Check one)</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> AFDC levels in Supplement 1</li><li>-- Medically needy level in Supplement 1</li><li>-- Other: \$ _____</li></ul> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>

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Supersedes  
TN No. 91-39

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Revised Submission 1/30/2001

State: FLORIDA

<u>Citation</u>	<u>Condition or Requirement</u>
<u>X</u>	Amount for maintenance of home is: \$ <u>0</u>
<u>      </u>	Amount for maintenance of home is the actual maintenance costs not to exceed \$ <u>      </u>
<u>      </u>	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
<u>      </u>	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

TN No. 98-16  
Supersedes  
TN No. NEW

Approval Date FEB 16 2001

Effective Date 10/1/98

Revised Submission 1/30/2001

State: \_\_\_\_\_

Citation

Condition or Requirement

1924 of the Act

15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

- ☒ the maximum standard permitted by law;  
☐ the minimum standard permitted by law; or  
☐ a standard that is an amount between the minimum and the maximum.